

City of San Jose Healthy Neighborhoods Lifestyle Survey

For Staff Serving Children 0 to 5 Years - FY 2009-10

Agency Name—(Optional)Program Identification

Today's Date: _____ Staff Member's Name _____

Please fill in **your program participant's** birth date: Month ____ Day ____ Year ____

Please give us the initials of **your participant's** name: First Initial ____ Last Initial ____

1. How many additional caring and supportive adults is this participant connected to because of your efforts?
_____ (if this number decreased, enter a negative number)

Please put an X in the box that describes your opinion of the child you served to indicate the GROWTH in your participant's level of expectations and participation at home, school, and the community because of your efforts.

2. Growth in Level of Expectation	A lot	Some	None	Worse	3. Growth in Level of Participation	A lot	Some	None	Worse
At Home					At Home				
At School					At School				
In Community					In Community				

Please put an X in the box that best describes this child's health today, mental and physical:

4. This child's health overall is:

☐

Poor

☐

Fair

☐

Good

☐

Excellent

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program..." (Check or "X")	Better	Worse	About the Same	Don't Know
5. Due to our program, this child's ability to connect with caring adults is:				
6. Due to our program, this child's ability to master skills is:				
7. Due to our program, this child's level of active participation in his/her daily life is:				
8. Due to our program, this child's ability to play with other children is:				
9. Due to our program, this child's ability to follow directions is:				
10. Due to our program, this child gets along with others:				
11. Due to our program, this child's parent(s) is practicing healthy habits that benefit this child:				
12. Due to our program, this child's parent(s) knows who to ask about keeping this child healthy:				
Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program..." (Check or "X")	More	Less	The Same	Don't Know
13. Due to our program, this child's ability to spend time with new people of all ages, both young and old, is:				

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- 14.** Please indicate level of client participation in your service on a scale from 5 to 1? ____
(5 = Very High, 4 =High, 3 = Average, 2 = Low, 1 =Very Low)